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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) National Association of Broadcasters Political Action Committee (NABPAC) 1 M Street, SE ADDRESS (number and street) (Check if address is changed) Washington 20003-3512 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Pac@nab.org (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.nabpac.com/ (Check if address is changed) DATE 2022 C00009985 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Smedile, John, , Mr., Type or Print Name of Treasurer Smedile, John, , Mr., [Electronically Filed] 02 25 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	1 ago 2
Candida	te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	(D
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Coi	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

	FEC Form 1 (R	Revised 02/2009)	Page 3
V	Vrite or Type Committe	ee Name	
1	National Ass	ociation of Broadcasters Political Action Committee	(NABPAC)
6.	Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
N	ational Associa	tion of Broadcasters	
L			
	Mailing Address	1 M St SE	
		Washington DC 20003-351:	2
		CITY STATE Z	IP CODE
	Relationship: x Co	onnected Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
	Custodian of Record books and records.	rds: Identify by name, address (phone number optional) and position of the person in posse	ession of committee
	Fle	emming, Jennifer, , Ms.,	
	Full Name	,1 M Street, SE	
	Mailing Address		
		Washington DC 120003	
		Washington 200	
	Title or Position	CITY STATE Z	IP CODE
	Custodian of Record	ds Telephone number 202 42	29 5314
3.		ame and address (phone number optional) of the treasurer of the committee; and the name t (e.g., assistant treasurer).	e and address of
	Full Name Sm of Treasurer	nedile, John, , Mr.,	
	Mailing Address	1 M Street, SE	
		Washington DC 20003	
	Title or Position	CITY STATE ZI	P CODE
	Treasurer		2 - 2913

FEC Form 1 (R	evised 02/2009)	Page 4
Full Name of Designated Agent Flem	nming, Jennifer, , Ms.,	
Mailing Address	1 M Street, SE	
	Washington DC 2	20003
	CITY STATE	ZIP CODE
Title or Position Custodian of Records		429 5314
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit		ds, holds accounts, rents
safety deposit boxes or	r maintains funds. tory, etc.	ds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	ds, holds accounts, rents
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Form/Schedule: F1A Transaction ID:

The FEC Form 1 is being amended to update the bank.

Form/Schedule: Transaction ID: